

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Shayville Dinkins

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Detective Albert Brust Shield # 1001

Detective Anthony Barber Shield # 604

SDS Richa Erickson

NYPD / 88<sup>th</sup> Precinct

RECEIVED  
SDNY PRO SE OFFICE  
2015 NOV 10 AM 10:02

**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

15CV 8847

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

**A.** List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Shayville Dinkins  
ID # 14-A-5546  
Current Institution Upstate Correctional Facility  
Address 309 Bare Hill Road, P.O. Box 2001  
Malone, N.Y. 12953

**B.** List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

|                 |   |                      |
|-----------------|---|----------------------|
| Defendant No. 1 | Name <u>Albert Brust</u>  | Shield # <u>2001</u> |
|                 | Where Currently Employed <u>NYPD Precinct #88</u>   |                      |
|                 | Address <u>298 Classon Avenue</u>   |                      |
|                 | <u>Brooklyn, N.Y. 11205</u>   |                      |
| Defendant No. 2 | Name <u>Anthony Barber</u>  | Shield # <u>64</u>   |
|                 | Where Currently Employed <u>NYPD Precinct #88</u>   |                      |
|                 | Address <u>298 Classon Avenue</u>   |                      |
|                 | <u>Brooklyn, N.Y. 11205</u>   |                      |
| Defendant No. 3 | Name <u>Ricardo Erickson</u>  | Shield # <u>N/A</u>  |
|                 | Where Currently Employed <u>298 Classon Avenue</u> <sup>SD</sup> <u>NYPD Precinct #88</u> |                      |
|                 | Address <u>298 Classon Avenue</u>   |                      |
|                 | <u>Brooklyn, N.Y. 11205</u>   |                      |
| Defendant No. 4 | Name <u>NYPD Headquarters</u>   | Shield # <u>N/A</u>  |
|                 | Where Currently Employed <u>NYPD</u>  |                      |
|                 | Address <u>1 police plaza</u>   |                      |
|                 | <u>New York, New York</u>   |                      |
| Defendant No. 5 | Name <u>88<sup>th</sup> Precinct</u>  | Shield # <u>N/A</u>  |
|                 | Where Currently Employed <u>NYPD Precinct #88</u>   |                      |
|                 | Address <u>298 Classon Avenue</u>   |                      |
|                 | <u>Brooklyn, N.Y. 11205</u>   |                      |

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? NYPD Precinct #88

B. Where in the institution did the events giving rise to your claim(s) occur? SD  
Outside of the interrogation room.

C. What date and approximate time did the events giving rise to your claim(s) occur? 5-29-14  
at approx 7:30 pm

D. Facts: On 5-29-14, Detectives, Albert Brust and Anthony Barbice had me outside of the interrogation room at a desk looking at a video that was placed on "Facebook" of the "Assault", I was being charged with. I identified myself in the video as ~~just~~ watching a "Girl Fight".

What happened to you?

Who did what?

Was anyone else involved?

Both Detectives told me even tho I didn't do anything, that I was still being charged with the crime because, no one else was arrested for it, later on down the line I was placed in an illegal line-up. (The line-up was unduly, because none of the "fillers" ~~did~~ not resemble me, not even a little bit.)

The "SDS" Richa Erickson was not present, but was involved because he/she, gave the Detectives the "OK" to charge me, and put me through the system for the assault. The case was later dismissed, on or about 11-25-14

Who else saw what happened?

In result to this matter, it is "False Arrest, unlawful imprisonment, Malicious Prosecution, Malicious Abuse of process, and intentional infliction of emotional distress. I

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I sustained Cruel and Inhumane Treatment, and Mental / Emotional Distress. In result of above matter, I was also placed on physical meds for "Sleep" and "Depression".

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No  Precent

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No  Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No  Do Not Know

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes  No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

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1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

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2. What was the result, if any? \_\_\_\_\_

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3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: Because I was in the precent

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: I informed my Attorney before arraignment in Kings County Criminal Court.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). 500,000.00

VI. Previous lawsuits:

On these claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Shagelie Dinkins

Defendants C. A. Munoz, Sheriff # 10864

2. Court (if federal court, name the district; if state court, name the county) New York County, United States District Court, Southern District of New York

3. Docket or Index number 15-cv-3218

4. Name of Judge assigned to your case Gregory H. Woods

5. Approximate date of filing lawsuit Apr 9, 2014

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition 9-27-15

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Settled outside of court

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of November, 2015.

Signature of Plaintiff Shagville Dinkins  
Inmate Number 14-A-5546  
Institution Address Upstate Correctional Facility  
309 Bare Hill Road  
P.O. Box 8001  
Malone, New York, 12953

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4 day of November, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Shagville Dinkins

UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

SUMMONS IN A CIVIL CASE

v.

CASE NUMBER:

TO: (Name and address of Defendant)

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is served on you with this summons, within \_\_\_\_\_ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

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CLERK

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DATE

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(By) DEPUTY CLERK

JS 44C/SDNY  
REV. 12/2005

## CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for use of the Clerk of Court for the purpose of initiating the civil docket sheet.

Shayville Dinkins

PLAINTIFFS

DEFENDANTS

ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER) ATTORNEYS (IF KNOWN)

42 U.S.C. 1983, Civil Rights Action

CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE)

Has this or a similar case been previously filed in SDNY at any time? No  Yes  Judge Previously Assigned Gregory N. WoodsIf yes, was this case Vol  Invol.  Dismissed. No  Yes  If yes, give date \_\_\_\_\_ & Case No. 15-CV-3218

(PLACE AN [X] IN ONE BOX ONLY)

NATURE OF SUIT

## ACTIONS UNDER STATUTES

| CONTRACT  | TORTS  | FORFEITURE/PENALTY                                 | BANKRUPTCY                       | OTHER STATUTES   |
|---|--|--|----------------------------------|--|
|   | PERSONAL INJURY                                  | PERSONAL INJURY                                    |                                  |  |
| 110 INSURANCE   | [ ] 310 AIRPLANE                                 | [ ] 362 PERSONAL INJURY - MED MALPRACTICE          | [ ] 422 APPEAL<br>28 USC 158     | [ ] 400 STATE REAPPORTIONMENT                                  |
| 120 MARINE  | [ ] 315 AIRPLANE PRODUCT LIABILITY               | [ ] 365 PERSONAL INJURY PRODUCT LIABILITY          | [ ] 423 WITHDRAWAL<br>28 USC 157 | [ ] 410 ANTITRUST  |
| 130 MILLER ACT  | [ ] 320 ASSAULT, LIBEL & SLANDER                 | [ ] 368 ASBESTOS PERSONAL INJURY PRODUCT LIABILITY | PROPERTY                         | [ ] 430 BANKS & BANKING  |
| 140 NEGOTIABLE INSTRUMENT                               | [ ] 330 FEDERAL EMPLOYERS' LIABILITY             | [ ] 630 LIQUOR LAWS                                | LIABILITY                        | [ ] 450 COMMERCE/ICC RATES/ETC                                 |
| 150 RECOVERY OF OVERPAYMENT & ENFORCEMENT OF JUDGMENT   | [ ] 340 MARINE LIABILITY                         | [ ] 640 RR & TRUCK                                 |                                  | [ ] 460 DEPORTATION  |
| 151 MEDICARE ACT  | [ ] 345 MARINE PRODUCT LIABILITY                 | [ ] 650 AIRLINE REGS                               |                                  | [ ] 470 RACKETEER INFLUENCED & CORRUPT ORGANIZATION ACT (RICO) |
| 152 RECOVERY OF DEFECTUAL STUDENT LOANS (EXCL VETERANS) | [ ] 350 MOTOR VEHICLE                            | [ ] 660 OCCUPATIONAL SAFETY/HEALTH                 | PERSONAL PROPERTY                | [ ] 480 CONSUMER CREDIT  |
| 153 RECOVERY OF OVERPAYMENT OF VETERANS BENEFITS        | [ ] 355 MOTOR VEHICLE                            | [ ] 670 OTHER                                      |                                  | [ ] 490 CABLE/SATELLITE TV                                     |
| 160 STOCKHOLDERS SUITS                                  |  |  |                                  | [ ] 510 SELECTIVE SERVICE                                      |
| 190 OTHER CONTRACT LIABILITY                            |  |  |                                  | [ ] 850 SECURITIES/ COMMODITIES/ EXCHANGE                      |
| 195 CONTRACT PRODUCT LIABILITY                          |  |  |                                  | [ ] 875 CUSTOMER CHALLENGE                                     |
| 196 FRANCHISE   |  |  |                                  | [ ] 891 12 USC 3410 AGRICULTURE ACTS                           |
|   | ACTIONS UNDER STATUTES                           |  |                                  | [ ] 892 ECONOMIC STABILIZATION ACT                             |
| REAL PROPERTY   | CIVIL RIGHTS                                     | PRISONER PETITIONS                                 |                                  | [ ] 893 ENVIRONMENTAL MATTERS                                  |
|   |  |  |                                  | [ ] 894 ENERGY ALLOCATION ACT                                  |
| 210 LAND CONDEMNATION                                   | [ ] 441 VOTING                                   | [ ] 510 MOTIONS TO VACATE SENTENCE                 |                                  | [ ] 895 FREEDOM OF INFORMATION ACT                             |
| 220 FORECLOSURE   | [ ] 442 EMPLOYMENT                               | 28 USC 2255  |                                  | [ ] 900 APPEAL OF FEE DETERMINATION                            |
| 230 RENT LEASE & EJECTMENT                              | [ ] 443 HOUSING                                  |  |                                  | UNDER EQUAL ACCESS TO JUSTICE                                  |
| 240 TORTS TO LAND                                       | [ ] 444 ACCOMMODATIONS                           | [ ] 530 HABEAS CORPUS                              |                                  | [ ] 950 CONSTITUTIONALITY OF STATE STATUTES                    |
| 245 TORT PRODUCT LIABILITY                              | [ ] 444 WELFARE                                  | [ ] 535 DEATH PENALTY                              |                                  | [ ] 890 OTHER STATUTORY ACTIONS                                |
| 290 ALL OTHER REAL PROPERTY                             | [ ] 445 AMERICANS WITH DISABILITIES - EMPLOYMENT | [ ] 540 MANDAMUS & OTHER CIVIL RIGHTS              |                                  |  |
|   | [ ] 446 AMERICANS WITH DISABILITIES - OTHER      | [ ] 555 PRISON CONDITION                           |                                  |  |
|   | [ ] 440 OTHER CIVIL RIGHTS                       |  |                                  |  |

Check if demanded in complaint:

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DO YOU CLAIM THIS CASE IS RELATED TO A CIVIL CASE NOW PENDING IN S.D.N.Y.? IF SO, STATE:

DEMAND \$ \_\_\_\_\_ OTHER \_\_\_\_\_ JUDGE \_\_\_\_\_ DOCKET NUMBER \_\_\_\_\_

Check YES only if demanded in complaint  
JURY DEMAND:  YES  NO

NOTE: Please submit at the time of filing an explanation of why cases are deemed related.

(SEE REVERSE)

(PLACE AN X IN ONE BOX ONLY)

## ORIGIN

1 Original Proceeding     2a. Removed from State Court     3 Remanded from Appellate Court     4 Reinstated or Reopened     5 Transferred from (Specify District)     6 Multidistrict Litigation     7 Appeal to District Judge from Magistrate Judge Judgment

2b. Removed from State Court  
AND at least one party is a pro se litigant

(PLACE AN X IN ONE BOX ONLY)

## BASIS OF JURISDICTION

1 U.S. PLAINTIFF     2 U.S. DEFENDANT     3 FEDERAL QUESTION     4 DIVERSITY  
(U.S. NOT A PARTY)

IF DIVERSITY, INDICATE  
CITIZENSHIP BELOW.  
(28 USC 1332, 1441)

## CITIZENSHIP OF PRINCIPAL PARTIES (FOR DIVERSITY CASES ONLY)

(Place an [X] in one box for Plaintiff and one box for Defendant)

|                          |  |  |   |  |  |   |  |  |
|--------------------------|--|--|---|--|--|---|--|--|
| CITIZEN OF THIS STATE    | PTF <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 | DEF <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 | CITIZEN OR SUBJECT OF A FOREIGN COUNTRY                   | PTF <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 | DEF <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 | INCORPORATED and PRINCIPAL PLACE OF BUSINESS IN ANOTHER STATE | PTF <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 | DEF <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 |
| CITIZEN OF ANOTHER STATE | <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1     | <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1     | INCORPORATED or PRINCIPAL PLACE OF BUSINESS IN THIS STATE | <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 1     | <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 1     | FOREIGN NATION  | <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 1     | <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 1     |

## PLAINTIFF(S) ADDRESS(ES) AND COUNTY(IES)

Upstate Correctional Facility  
309 Bare Hill Road - P.O. Box 2001  
Maxville, N.Y. 12953

Franklin County

## DEFENDANT(S) ADDRESS(ES) AND COUNTY(IES)

NYPD Precinct 88 - Kings County - 298 Classon Avenue, Brooklyn, N.Y. 11205  
Detective Albert Brust - Kings County - 298 Classon Avenue, Brooklyn, N.Y. 11205  
SDS Richa Erickson - Kings County - 298 Classon Avenue, Brooklyn, N.Y. 11205  
Detective Anthony Barbera - Kings County - 298 Classon Avenue, Brooklyn, N.Y. 11205  
NYPD Headquarters - New York County - 1 Police Plaza - New York, N.Y. 10001

## DEFENDANT(S) ADDRESS UNKNOWN

REPRESENTATION IS HEREBY MADE THAT, AT THIS TIME, I HAVE BEEN UNABLE, WITH REASONABLE DILIGENCE, TO ASCERTAIN THE RESIDENCE ADDRESSES OF THE FOLLOWING DEFENDANTS:

Check one: THIS ACTION SHOULD BE ASSIGNED TO:  WHITE PLAINS  FOLEY SQUARE  
(DO NOT check either box if this a PRISONER PETITION.)

|           |                                 |   |
|-----------|---------------------------------|---|
| DATE      | SIGNATURE OF ATTORNEY OF RECORD | ADMITTED TO PRACTICE IN THIS DISTRICT<br>[ ] NO<br>[ ] YES (DATE ADMITTED Mo. _____ Yr. _____)<br>Attorney Bar Code # |
| RECEIPT # |                                 |   |

Magistrate Judge is to be designated by the Clerk of the Court.

Magistrate Judge \_\_\_\_\_ is so Designated.

J Michael McMahon, Clerk of Court by \_\_\_\_\_ Deputy Clerk, DATED \_\_\_\_\_

UNITED STATES DISTRICT COURT (NEW YORK SOUTHERN)

AO 440 (Rev. 8/01) Summons in a Civil Action

## RETURN OF SERVICE

|  |       |
|--|-------|
| Service of the Summons and complaint was made by me <sup>(1)</sup> | DATE  |
| NAME OF SERVER (PRINT)   | TITLE |

Check one box below to indicate appropriate method of service

 Served personally upon the defendant. Place where served: \_\_\_\_\_ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: \_\_\_\_\_

 Returned unexecuted: \_\_\_\_\_ Other (specify): \_\_\_\_\_

## STATEMENT OF SERVICE FEES

| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|
|        |          |       |

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_  
Date \_\_\_\_\_Shagfile Dinkins - Pro Se  
Signature of ServerUpstate Carter Fac, 309 Barrett Hill Rd, Malone, N.Y. 12953  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

The following sections describe the elements that must be included in a properly drafted complaint. These elements should appear in your complaint in the order listed below. You should use these instructions along with the specific or general complaint form included in this manual.

### Contents of the Complaint

#### Caption

The first page of your complaint must begin with a caption. The top of the caption should state the name of the court in which the action is being filed, that is, the United States District Court for the Southern District of New York, followed by the names of all plaintiffs and defendants:

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

X

Your name  
Shagufiile Dinkins

Plaintiff,

COMPLAINT

-against-

Jury Trial Yes  No

#### Names of all people or organizations you are suing.

Detective Albert Brust shield # 1004,  
Detective Anthony Bartoza Defendants.  
Shield # 104  
Sergeant Rickie Erickson. NYPD/88th Precinct

In the event that you do not know the name of any defendant, you may refer to that defendant as John Doe or Jane Doe, giving his or her position and, if known, the place and time that the incident occurred, and as much other information as will help to identify who the person is. For example, if the defendant is a prison correction officer, he may be identified in the complaint as "Correction Officer John Doe who was on duty at Green Haven Correctional Facility in A Block at 8:00 p.m. on January 6, 2007." Although John Doe's real identity will need to be determined in order to serve the

SDNY PRO SE OFFICE  
RECEIVED  
2007 NOV 10 AM 10:02

1051 AVENUE OF THE AMERICAS  
PO BOX 2000 ONE BROADWAY  
NEW YORK, NY 10020

United States District Court  
Southern District of New York  
Transcript of hearing  
held on 10/20/2015  
200 Pearl Street  
New York, NY 10007  
PM 10

10/20/2015

10/20/2015